

**UNITED STATES DISTRICT COURT**  
**DISTRICT OF NEW JERSEY**

**BAYER HEALTHCARE LLC,**  
*Plaintiff*

**V.**

**SUMMONS IN A CIVIL CASE**

**SECOND STONE ENTERPRISES LLC, ET**  
**AL.,**  
*Defendant*

CASE  
NUMBER: **3:24-CV-07618-MAS-JBD**

TO: *(Name and address of Defendant):*

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States Agency, or an office or employee of the United States described in Fed. R. civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

**CLERK OF COURT**  
\_\_\_\_\_



ISSUED ON 2024-07-09 12:31:01, Clerk  
USDC NJD

<b>RETURN OF SERVICE</b>		
Service of the Summons and complaint was made by me <sup>(1)</sup>	DATE	
NAME OF SERVER ( <i>PRINT</i> )	TITLE	
<i>Check one box below to indicate appropriate method of service</i>		
<div style="margin-bottom: 10px;"> <input type="checkbox"/> Served personally upon the defendant. Place where served: _____; or            _____; or         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Left the summons at the individual's residence or usual place of abode with (name): _____ a person of suitable age and discretion who resides there, on (date): _____ and mailed a copy to the individual's last known address; or         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Name of person with whom the summons and complaint were left: _____; or         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Returned unexecuted: _____; or            _____; or         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Other (specify): _____            _____            _____         </div>		
<b>STATEMENT OF SERVICE FEES</b>		
TRAVEL	SERVICES	TOTAL
<b>DECLARATION OF SERVER</b>		
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Executed on _____</p> <p style="text-align: center;">Date</p> </div> <div style="width: 50%;"> <p>_____ <i>Signature of Server</i></p>   <p>_____ <i>Address of Server</i></p> </div> </div>		